

**Utah Department of Workforce Services**  
Unemployment Insurance  
**EMPLOYER'S QUARTERLY WAGE LIST**

**READ REVERSE BEFORE  
COMPLETING THIS REPORT**

EMPLOYER NAME:

EMPLOYERS UTAH  
REGISTRATION NUMBER

ADDRESS:

QUARTER ENDING DATE

PLEASE TYPE ALL INFORMATION - DOUBLE SPACE ONLY

ENTER GRAND TOTALS ON PAGE 1 ONLY		
Total Wages from line 3 of Contribution Report	NOTE: These two Totals should agree	Total Wages reported on Wage Lists (all pages)

SOCIAL SECURITY ACCOUNT NUMBER	EMPLOYEE NAME			TOTAL WAGES PAID EACH EMPLOYEE IN THIS QUARTER	HIRE DATE IF IN THIS QUARTER (MM-DD-YY)
	First Initial	Middle Initial	Last Name		
					<b>Employers are no longer required to report hires on this form. Please submit new hire information to Utah New Hire Registry Please call 801-526-4361 if you need assistance. Thank you.</b>
<b>TOTAL OF THIS PAGE ONLY</b>					

## INSTRUCTIONS

### PLEASE TYPE ALL INFORMATION TYPE DOUBLE SPACE ONLY - DO NOT SINGLE SPACE

**Form Preparation:** Employer name, address and Employer's Utah Registration Number shown on Form 3 should be entered in the space provided at the top of each wage list form submitted.

Report total gross wages before deductions for each employee. Include compensation (cash, bonuses, commissions, gifts, tips, etc.) as one wage figure. Employees who receive no compensation during the quarter should not be listed.

**ADJUSTMENTS FOR PRIOR QUARTERS.** Do not make adjustments or corrections for prior periods on this report. Provide separate amended or supplemental total and taxable wage amounts with supporting employee wage list information. Indicate adjustments by quarter and submit payment for contributions, interest and penalty as applicable or a request for refund or a credit to be used against current or future amounts due.

Grand total of all wages on all pages of the wage list should agree with Line 3, Total Wages, on the quarterly contribution report.

If an error is made when typing this report, please use white-out or erase completely. Do not strike over.

**Please Note:** This form will be processed on an optical character reader (OCR). The OCR will read the information on the front of the form and transfer the information to our computer files, thereby saving the cost of manual data entry. The OCR will not read handwritten material; therefore, please typewrite or machine print the information using a BLACK RIBBON. The main objective is to produce a dark, clear, distinct image. Good images can be obtained by changing the ribbon before it becomes too worn.

Do not submit photocopies of this form. Additional forms (single sheets or continuous forms) are available from the Department at no cost to the employer. For additional forms, please call (801) 526-9493 or write to P.O. Box 45233, Salt Lake City, Utah 84145-0233.

Employers with more than 250 employees should consider submitting wage information on magnetic tape. For further information on magnetic tape or diskette filing please contact the Department.

**Legal Requirement:** The Utah Employment Security Act requires employers to report total wage information for each employee that has wages covered by the Act. Information to be reported includes social security number, employee name, gross wages for the quarter, and hire date if hired during the quarter. The Act also provides for the assessment of a \$50.00 penalty when an employer fails to comply with these requirements.

**Utah Information Practices Act (Privacy Act):** The information provided on this form may be used for any purpose related to the administration of Utah's Unemployment Insurance Program, including but not limited to, payment of benefits, employment services, statistical data, law enforcement, audits, etc. The information may be disclosed to federal officers and agencies and to other persons in accordance with and to the extent permitted by law and regulations.